

SCC eFile	2015 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	215510097					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> 1.) CORPORATION NAME: WORLDWIDE ERC, INC. 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CORPORATION SERVICE COMPANY BANK OF AMERICA CENTER, 16TH FLOOR 1111 EAST MAIN STREET RICHMOND, VA 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: RICHMOND CITY 4.) STATE OR COUNTRY OF INCORPORATION: IL </div> <div style="width: 35%; text-align: right;"> DUE DATE: 3/31/2015 SCC ID NO: F1742941 5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED			
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6.) PRINCIPAL OFFICE ADDRESS: <div style="text-align: center;"> ADDRESS: 4401 WILSON BOULEVARD SUITE 510 CITY/ST/ZIP: ARLINGTON, VA 22203 </div>							
7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.							
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: SUSAN SCHNEIDER TITLE: PRESIDENT ADDRESS: 4401 WILSON BLVD SUITE 510 CITY/ST/ZIP/CO: ARLINGTON, VA 22203 </td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: SUSAN SCHNEIDER TITLE: PRESIDENT ADDRESS: 4401 WILSON BLVD SUITE 510 CITY/ST/ZIP/CO: ARLINGTON, VA 22203	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: PAMELA O'CONNOR TITLE: VICE PRESIDENT ADDRESS: 4401 WILSON BLVD SUITE 510 CITY/ST/ZIP/CO: ARLINGTON, VA 22203 </td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: PAMELA O'CONNOR TITLE: VICE PRESIDENT ADDRESS: 4401 WILSON BLVD SUITE 510 CITY/ST/ZIP/CO: ARLINGTON, VA 22203	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
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NAME:	ANITA BLANCHETT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4401 WILSON BLVD SUITE 510		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22203		
NAME:	AL BLUMENBERG	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4401 WILSON BLVD SUITE 510		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22203		
NAME:	LISA CARAVELLA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4401 WILSON BLVD SUITE 510		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22203		
NAME:	MARIO FERRARO	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4401 WILSON BLVD SUITE 510		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22203		
NAME:	DAVID GAGE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4401 WILSON BLVD SUITE 510		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22203		
NAME:	WILLIAM GRAEBEL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4401 WILSON BLVD SUITE 510		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22203		
NAME:	LARS IVERSEN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4401 WILSON BLVD SUITE 510		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22203		
NAME:	CHRISTOPHER JAMES	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4401 WILSON BLVD SUITE 510		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22203		
NAME:	KAY KUTT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4401 WILSON BLVD SUITE 510		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22203		
NAME:	EARL LEE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4401 WILSON BLVD SUITE 510		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22203		
NAME:	JOY MORRISON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4401 WILSON BLVD SUITE 510		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22203		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEVEN NORD DIRECTOR 4401 WILSON BLVD SUITE 510 ARLINGTON, VA 22203	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN PFEIFFER DIRECTOR 4401 WILSON BLVD SUITE 510 ARLINGTON, VA 22203	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GAIL PLUMMER DIRECTOR 4401 WILSON BLVD SUITE 510 ARLINGTON, VA 22203	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PANDRA RICHIE DIRECTOR 4401 WILSON BLVD SUITE 510 ARLINGTON, VA 22203	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KEVIN E. RUSSELL DIRECTOR 4401 WILSON BLVD SUITE 510 ARLINGTON, VA 22203	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PAT SPARKS DIRECTOR 4401 WILSON BLVD SUITE 510 ARLINGTON, VA 22203	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ MATTHEW SPINOLO SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	MATTHEW SPINOLO, TREASURER PRINTED NAME AND CORPORATE TITLE	3/18/2015 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			